

NC DHHS – NC DMH/DD/SAS
Respite Care Services
Endorsement Check Sheet Instructions

Introduction

Prior to service endorsement, business verification must take place. In the process of business verification, the business information presented on the DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with Division of Health Services Regulation (DHSR) or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships.

Respite is a service that provides periodic relief for the family or primary caregiver as detailed in the approved Person Centered Plan. To be considered the primary care giver, a person shall be primarily responsible for the care and supervision of the participant, and shall maintain their primary residence at the same address as the covered participant. This service may be provided in the participant's home or in an out-of-home setting. There shall be clear justification outlined within the Person Centered Plan for Respite Services. Specified training requirements for direct care staff shall be clearly documented within the Person Centered Plan for the task that will be performed for Respite services.

The types of respite offered are:

- a. **Respite**-Non Institutional either Individual or in a Group Setting
- b. **Enhanced Level of Respite** is for participants who have behavioral or medical needs that require staff that are specifically trained to conduct personal care tasks or behavior support interventions.
 - 1. A participant receiving enhanced Respite care has needs that require:
 - a. Additional skill level of staff
 - b. Additional training so that a higher level of decision can be made
 - c. Additional supervision provided by either an RN or LPN due to the complexity of their needs

Direct care staff shall receive initial, ongoing training and supervision in the tasks to be completed. The training and supervision shall be conducted by the RN or LPN when the participant has complex medical criteria or a behavior program at least quarterly or more often

depending on the participants needs. Specific training requirements must be documented in the Person Centered Plan.

For participants with complex or extreme behaviors that are difficult to assess or effectively treat and therefore require a comprehensive behavioral plan, monitoring is provided by an individual with experience and training in developing and monitoring behavioral support plans. Such intense medical or behavioral needs shall be identified by the NC-SNAP. The Person Centered Plan shall provide clear documentation and justification for the need of Enhanced Respite Care. Enhanced Respite Care requires some degree of decision making which could affect the health or safety of the participant on the part of the direct care staff providing the service.

c. Respite- Institutional is respite provided in an ICF-MR bed in a State Developmental Center. This type of respite is used when community-based services are not available to care for the person. There shall be clear justification outlined within the Person Centered Plan for the level of Respite Service needed. Specified training requirements for direct care staff and supervision requirements shall be clearly documented in the Person Centered Plan.

Other CAP-MR/DD services may not be billed on the day of admission to the institutional respite facility but may be billed on the day of discharge. There shall be clear justification outlined within the Person Centered Plan that there are no community based services available to provide the needed care for the participant.

d. Respite – Nursing (RN or LPN)

The use of Nursing Respite is for those participants, due to either chronic or acute, health diagnoses, require the Skilled Nursing Level of care for the brief periods of time the family or primary caregivers are away from the home. For RN Respite, the participant must require monitoring of his/her status that requires responses to his/her medical supports needs on an on-going basis. The requirements for RN staffing are identified in 21 NCAC 36.0221©

This service shall not duplicate or be provided at the same time as, Enhanced Personal Care, Enhanced Respite Care, Hospice Care, Private Duty Nursing, or other Medicaid state plan services.

Staff providing Nursing Respite shall have a valid North Carolina license (RN) (LPN) in good standing. Specific rules for LPN staffing can be found at 21 NCAC 36.0225

Nursing Respite at the RN level may be indicated when the participant has the following needs indicating the individual requires substantial and complex medical are needs:

1. The individual is receiving intravenous nutrition or drug therapy
2. The individual is dependent upon a ventilator
3. The individual is dependent on other device-based respiratory support, including tracheotomy care and tracheal suctioning.

Nursing Respite at either the RN or LPN level can only be provided in the participant's home.

Non-institutional Respite or Enhanced Respite can be provided in the following locations:

- a. participant's home or place of residence
- b. foster home licensed respite facility

c. other community care residential facility approved by the state that is not a private residence including:

1. Alternative family living arrangement
2. Certified respite provider's home

Institutional Respite is provided in an ICF-MR bed in a State Developmental Center.

Provider Requirements:

A - C

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process. This section is reviewed only during the initial review for business status and does not require further scrutiny unless there is a change in the provider's status that would affect this element.

Review identified documents for evidence the provider meets DMH/DD/SAS standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)

Review documentation that demonstrates provider is a legal US business entity. Documentation should indicate the business entity is currently registered with the local municipality or the office of the NC Secretary of State, that the information registered with the local municipality or the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

Review the policy and procedure manual. It should contain language indicating intent to have national accreditation within one (1) year of enrollment with DMA. Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of one (1) year, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

Staffing Requirements:

A- J

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees required per the service definition are in place at the time of the clinical interview and are equipped with the evidentiary documentation of education, training and experience for which they were hired. This is important for the clinical integrity of the service. The review of the provision of services is more thoroughly examined in the "Program/Clinical Requirements" section of the endorsement review.

In the desk review, the reviewer is to verify that the provider agency's policies and procedures, as well as other administrative manuals meet the requirements of the service definition. The review of the qualifications of personnel hired will occur later in the endorsement process. Review documentation to verify that provider agency requirements of staff include degrees, licensure and/or certifications that comply with the position as written in the service definition, and are consistent with requirements and responsibilities of their respective job duties. Review job descriptions to determine that the roles and responsibilities identified do not exceed the qualifications of the position. This review ensures that the provider has an understanding of the service definition staffing requirements and has established policies for a program that meet those requirements.

For the clinical interview, review staff employment applications, resumes, licenses, certifications and/or other documentation for evidence that degrees and work experience with the target population the provider will be serving is consistent with the requirements and responsibilities of each position. If **any** staff person hired to meet the staffing requirements of the service definition do not meet the requirements for the position, then the clinical interview does not take place. The clinical interview process is described in Program Requirements.

For the on site review, the endorsing agency verifies documentation reviewed during the desk review and clinical interview (if it has been conducted prior to the on site review). The credentials and qualifications of any additional or ancillary staff hired in the time between the desk review and the on site review are examined.

For the 60 day review, include a review of the consumer record and other items necessary to determine that staff are performing clinical interventions commensurate with their credentials and qualifications as well as within the scope of work the their job descriptions. Review staff schedules, attendance rosters, and caseload assignments and interview staff to ascertain consumer to staff ratios. This review should also include a review of supervision plans, notes and documentation of clinical supervision for all staff. Review supervision plans to ensure that they are individualized and appropriate for the level of education, skill and experience of staff. Review supervision notes, schedules and other supporting documentation that demonstrate on-going supervision consistent with the requirements and responsibilities. Personnel records must demonstrate evidence that all required training has been acquired by each staff member delivering Respite Care services and completed within the specified time frames.

Individuals providing Respite services shall meet all of the following staffing requirements:

1. Staff must meet the requirements for paraprofessionals in 10A NCAC 27G .0200.
2. Staff must have a high school diploma or GED.
3. Staff must meet client-specific competencies as identified by the participant's person-centered planning team and documented in the Person Centered Plan.
4. Staff must successfully complete first aid, CPR, and DMH/DD/SAS Core Competencies and required refresher training.
5. Paraprofessionals providing this service must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G .0204 and according to licensure or certification requirements of the appropriate discipline.
6. Staff must pass a criminal record check.
7. Staff must pass a healthcare registry check in accordance with 10A NCAC 27G .0200.

8. If providing transportation, staff must have a North Carolina or other valid driver's license, a safe driving record, and an acceptable level of automobile liability insurance.
9. Staff providing Nursing Respite must have a valid North Carolina license (RN) (LPN) in good standing.
10. Institutional Respite: Staff qualifications are as specified by the state Developmental Center.

Service Type and Setting

A-D

The elements in this section pertain to the provider's understanding of the Respite Care service and the service delivery system.

For the desk review, review Policy and Procedure Manuals, Program Description and Job description. This review ensures that the provider has an understanding of the purpose of the service and has established a program that meets those requirements.

Items in this section do not apply to the clinical interview.

For the on site review, confirm findings of the desk review.

For the 60 day review, include a review of consumer records and other items necessary to determine that Respite Care is being provided to consumers who meet the eligibility requirements and that interventions occur in the appropriate setting.

Program Requirements:

A – O

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition and according to individual needs identified in the PCP.

For the desk review, review documentation to verify that the provider demonstrates a clear understanding of the service definition and service limitations.

For the clinical interview utilize the questions attached to the current endorsement policy to determine the provider agency's competency to deliver the Respite Care service.

For the on site review, confirm findings of the desk review and the clinical interview.

For the 60 day review, a review of service records should demonstrate compliance with program requirements. Review to verify that the provider has an understanding of the service. Review documentation to determine habilitation, training and instruction are provided to assist with the acquisition, retention or improvement in skills related to activities of daily living

Documentation Requirements:

Review the provider agency's policy and procedure manuals for language demonstrating the expectation that documentation meets all record and documentation requirements noted in the *DMH/DD/SA Records Management and Documentation Manual [APSM 45-2]*.

Review policy and procedure manuals for language that demonstrates that all significant contacts with or on behalf of the recipient must be recorded in the service record. Review policy and procedure manuals for language which addresses completion of required forms.

The 60 day follow-up review should include a review of service records to verify that all components of each full service note are included in the documentation and to verify that contacts are documented. PCPs shall have all the required components. Service notes should relate directly to the needs and goals identified in the recipients' PCPs.